

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								APPLICANT(S)					
								CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/						51	/					
2	/						52	/					
3	/						53	/					
4	/						54	/					
5	/						55	/					
6	/						56	/					
7	/						57	/					
8	/						58	/					
9	/						59	/					
10	/						60	/					
11	/						61	/					
12	/						62	/					
13	/						63	/					
14	/						64	/					
15	/						65	/					
16	/						66	/					
17	/						67	/					
18	/						68	/					
19	/						69	/					
20	/						70	/					
21	/						71	/					
22	/						72	/					
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38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.							TOTAL IND.	7					
TOTAL DEP.							TOTAL DEP.	70					
TOTAL CLAIMS							TOTAL CLAIMS	77					

Best Available Copy